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PTO/SB/21 (09-04)

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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (12-04v2)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 10/632,387 FEE TRANSMITTAL Filing Date 08-01-2003 OCT 2 4 2005 For FY 2005 First Named Inventor Barnes et al. **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 WA FRABE Art Unit 3737 **TOTAL AMOUNT OF PAYMENT** 350.00 Attorney Docket No. 22194(1) METHOD OF PAYMENT (check all that apply) ✓ Credit Card Check Money Order None Other (please identify): Deposit Account Deposit Account Number: Deposit Account Name:_ For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public, Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity** Small Entity **Small Entity** Application Type Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 200 100 250 Design 200 100 100 50 130 65 Plant 200 300 100 160 150 80 Reissue 300 150 500 600 250 300 **Provisional** 200 100 0 0 0 **Small Entity** 2. EXCESS CLAIM FEES Fee Description Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 **Total Claims Multiple Dependent Claims** Extra Claims Fee (\$) Fee Paid (\$) 25 150 Fee Paid (\$) 6 Fee (\$) HP = highest number of total claims paid for, if greater than 20. **Extra Claims** Fee Paid (\$) Fee (\$) HP = highest number of independent claims paid for, if greater than 3. If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee Paid (\$) Fee (\$) (round up to a whole number) x -100 =4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Extra Claim Fees SUBMITTED BY

Registration No. Telephone 614-424-6589 Signature Name (Print/Type) Klaus H. Wiesmann This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the

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PATENT

Attorney Docket No. 22194(1)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Barnes et al.

Serial No.: 10/632,387

Art Unit:

3737

Filed:

08/01/2003

Examiner:

For: Optical Devices For Medical Diagnostics

Commissioner for Patents P.O. Box I450 Alexandria, VA 22313-I450

Dear Sir:

PRELIMINARY AMENDMENT

Please amend the application as shown on the following pages:

Amendments to the claims begin at page 2 of this amendment.

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